



TRANSITION 2002 MEDICAL ASSISTANCE ADMINISTRATION To BASIC HEALTH

June 2002

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Objectives

- **4** Review Handout Material
- **♣** Provide an Overview of Transition
- ♣ Identify Important Milestones in the Timeline for Process
- Describe Application process
- ♣ Review Enrollment and Billing Process
- **↓** Identify Next Steps





Information Presented is Subject to Change!





Handouts

4 "Washington Basic Health Plan Folder"

- ---Listing of Website address
- ---Resource List
- ---Application process
- ---Demographics: Clients/county
- ---Community Health Services Booklet





Legislative History & Background

- ♣ The 2002 State Legislature eliminated state-funded medical programs that provided coverage to most noncitizens. (ESSB 6387)
- → Beginning October 1, 2002, undocumented children and many non-citizens will no longer get any medical coverage and wrap-around services (transportation, interpreter) from DSHS/MAA.
- ♣ The transition will begin in July 2002 and applications must be received by October 31, 2002 to secure priority enrollment.





Priority Slots

Legislative cont'd.

- ♣ To offer medical coverage to those who will lose coverage, the Legislature expanded membership slots in Basic Health.
- ♣ Basic Health can add up to 27,000 people to the program who are currently <u>enrolled</u> in DSHS/MAA (transition population).





Timeline: June

Tentative Schedule

June 4, 2002: Client notice mailed by MAA.

↓ June 6, 2002: BH sends client post card.

June 7, 2002: Community trainings done.

4 June 7, 2002: Memo to CSO (ESA mails).

↓ June 10, 2002: BH mails application.

4 June 21, 2002: BH mails in house

applications

↓ June 20, 2002: Memo to medical providers.





Timeline: July

Tentative Schedule

- → July 2002: Medical Assistance mails out a second notice to clients containing more detailed information about immigration status. (link to notice coming soon)
- ♣ July 2002: Basic Health mails out a second application packet to clients.





Timeline: August through October

Tentative Schedule

- → August 2002: MAA sends out information about Alien Emergency Medical and Pregnancy.
- ♣ October 2002: MAA and Basic Health mail letter to transition group giving coverage options.
 - Check Website for updates:
 - https://wws2.wa.gov/dshs/maa/bhptransition/Timeline.html





Enrollment Process

- **♣**Must go through application process to enroll.
- **★**Make sure you sign the permission form included with the application.
- **♣**Mail the application to BH as soon as possible.
- ♣As clients are identified by MAA, BH will mail the "yellow" application packet through Sept.30.
- **♣**Remember: no dental, vision or transportation services through BH.



Identification Process

Medical Assistance has the responsibility to identify the population impacted by transition.



Population Impacted

- **4** Undocumented Children
 - About 20,580 children statewide

Other Legal Immigrants who have been in the U.S. for <u>less</u> than 5 years

- **♣** (conditional entry, LPR)
 - About 7,760 statewide
 - Statewide Total: 28,353
 - Spanish Speaking: 70%; Russian: 5%; Vietnamese, Korean 2%each



Population <u>not</u> Impacted

- **♣ Pregnant Women** (documented & undocumented "S" Program)
- + Children/Families who are U.S. Citizens
- **Certain Legal Immigrants** (LPRs who have been in the U.S. for more than 5 years)
 - (Refugees, Asylees, Cuban/Haitians, Amerasians and those whose deportation is withheld)



MAA ID Card for Children

Please read the back of this card

Medical Identification Card

This Card Valid From: 5/1/00

FO8 To: 5/30/00

411 E. Main Street Anywhere, WA 98735

PATIENT IDENTIFICATION CODE (PIC				MEDICAL COVERAGE INFORMATION							
Initials	Birthdate	Last Name	TB	Insurance	Medicare	HMO	Detox	Restriction	Hospice	DD Client	Other
AA	100790	CITIZ	Α			PLAN					

A.A. Citizen 123 Main Street Anytown, WA 98000 **CNP**

Childrens Health Program

1-800-555-6666 Plan 023 003455667 L0000999 * 111234B

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE DSHS 13-030 aces (04/95)

SIGNATURE (Not Valid Unless Signed)



Identification

- ♣ For *Families*: There is no easy way to identify immigrant adults or children who have been here less than 5 years by looking at the Medical ID Card.
- ♣ If you have access to a Medical Eligibility
 Verification (MEV) system, this population is coded
 as:
 - Program codes: C, E, or H
 - Medical Eligibility code: "3"
- → If no access to an MEV system, call 1-800-562-6188 for list of vendors (Envoy, Provider Advantage, etc.)



Eligibility Re-Determination:

- **→** MAA is asking Community Service Offices to update immigrant information in ACES.
- ♣ 1,799 individuals who have or will have reached their 5-years requirement by September 30, 2002.
 - These individuals will continue to receive medical coverage through DSHS/MAA



Special Populations

- **4**Pregnant Women:
 - There are no changes in DSHS coverage
- +Children with Special Health Care Needs, Developmental Disabilities and Adoption Support:
 - Population will be identified and assessed on case by case basis.



DSHS Programs Available as of October 1, 2002

- ♣ Pregnancy Program (S)
- + Alien Emergency Medical (AEM)
 - Website:

http://www-app2.wa.gov/dshs/EAZManual/Sections/EA_AlienMedical.htm

- PowerPoint: <u>AEM</u>
- Medically Indigent (MI)





Current Waiting List

- **4** The transition population will not impact the current wait time.
 - Priority Enrollment: July 1, 2002 to October 31, 2002
- **♣** 24,000 are on current waiting list
 - Estimated time on waiting list is 5-6 months
 - Time is subject to change.
- ♣ Approximately 3,500 names will be released monthly beginning July 02.



Washington State alth Care Authority Basic Health Basic Health



The Applications

4 Yellow:

Limited to Transition Populations

4 Off-White:

 For families with existing BH accounts and now have transition population members

White/Blue ink- Regular BH Application

for any one else applying





The New Account Process For Transition Population

- **4** Complete the yellow application
 - same eligibility criteria applies for this population as for regular BH.
- ♣ Yellow application can be obtained by
 - downloading off the website, or calling Laura at BH to request a supply: 360-923-2704.
 - You must call 1-800-826-2444 to request an account number for applications without a #.
 - Do not send money with application



ington State Care Authority Basic Health



Application Packet for Transition Population

- **+** Consist of:
 - -- Cover Letter: Dear Basic Health Applicant
 - -- Application with the Inability to Provide IRS documentation and Permission form inserted
 - -- Understanding BH,
 - --How Much Will Basic Health Coverage Cost
 - ---Resource List
- ♣ Printed ID number on the application



Basic Health Basic Health



Adding Dependent Children to Basic Health Application Process

- ♣ Use "off white" form to add new family members
- ♣ No need to go through the application process if currently active in BH
- ♣ Call BH to obtain this application and ID number
- ♣ Accounts on the wait list that have non-transition family members remain on managed enrollment





The Application Process, cont'd.

- **4**Important Reminders:
 - Premiums(monthly) and co-pays
 - Reporting income changes or other family changes as soon as possible.
 - Re-certification at 6 months
 - Need to notify CSO to upgrade status if applicable.



State athority Basic Health



BH Program after October 2002

- ♣ Pre-existing conditions may apply if there is a 3 month break in coverage.
- ♣ Medical coverage through MAA is considered similar health care coverage
- ♣ Adults or non-transition family members wanting coverage are subject to managed enrollment
- ♣ Regular BH application will be used





Timeline for Application Process & Premium Payment

- ♣ Applications received June through August will be reviewed and sent a bill between August 10 and September 9. The bill is due September 24 for October 1 coverage. (Reminder bill sent if missed)
- ♣ Applications that are received late in the priority period or incomplete may not receive an October offer.





Enrollment in a Health Plan

- **♣** Fee- for-service to managed care change.
 - Mandatory enrollment in managed care.
 - Client must select a BH plan in their county.
 - Health plan is chosen when invoice goes out
 - Premiums and co-pays are required.
 - Access care through BH plan network providers.





BH Translations

- ♣ Transition Population Application available in Spanish only (English to approx. 6,000 applicants).
- ♣ Population can access BH/CS interpreters in Vietnamese, Russian, Korean and Spanish.
- **4** AT & T language line will be used for all other languages.
- ♣ Informational mailings during transition generated by MAA will be in 7 languages.





Sponsorship

- State-wide Sponsors:
 - El Centro de La Raza/Sea-Mar Clinics
 - Leah Lane Foundation/Columbia Basin
 - Mt. Adams/Yakima Valley Farm Worker Clinic
 - St. John's Peace Health/Cowlitz County
- Two ways sponsored applicants can come in:
 - Newly sponsored complete yellow application.
 - Existing accounts who are adding transfer population members complete the off-white application





Interpreter Services

♣ Community Health Services (CHS) at HCA was appropriated funding specifically for limited interpreter services to the extent needed for access to service and not available from any other source.

Dental Services

- ♣ Access to limited dental care is available to the Priority Population through Community Health Services (CHS) community clinic contractors.
- ♣ Funding methodology is being developed to provide coverage for care.
- ♣ Information on providers can be found
 - www.wa.gov/hca/chs





Questions and Answers



BH Contact Numbers

4 BH Customer Service line

1-800-826-2444

www.hca.wa.gov

Pam Galloway/Sponsor Accounts

360-412-4347

Pgall07@hca.wa.gov

Laura Budsberg/Training/Supplies/Overall

360-923-2704

lbud107@hca.wa.gov